

# 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

(Schedule E)

PAGE 1 OF 9  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>House Majority PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00495028																									
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>		M	M					D	D					Y	Y	Y	Y	Y	Y						
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Full Name of Payee <b>Gumbinner Davies &amp; Simpson Communications</b>			Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td>10</td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td>31</td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>			M	M		10			D	D		31			Y	Y	Y	Y	Y	Y						
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Mailing Address 2001 S St NW Ste 301			Amount <table border="1" style="width:100%"> <tr><td>26041.66</td></tr> </table>			26041.66																							
26041.66																													
City Washington	State DC	Zip Code 20009-1164	Transaction ID : VN7GDA6WAW3																										
Purpose of Expenditure Direct Mail - Estimate		Category/ Type	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>			M	M					D	D					Y	Y	Y	Y	Y	Y						
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Name of Federal Candidate Mills, Stewart, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 08 <input type="checkbox"/> President <input type="checkbox"/> Senate State: MN																										
Calendar Year-To-Date Per Election for Office Sought		<table border="1" style="width:100%"> <tr><td>2795278.76</td></tr> </table>	2795278.76	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶																									
2795278.76																													

Full Name of Payee <b>Gumbinner Davies &amp; Simpson Communications</b>			Date of Public Distribution/Dissemination <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td>10</td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td>31</td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>			M	M		10			D	D		31			Y	Y	Y	Y	Y	Y						
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Mailing Address 2001 S St NW Ste 301			Amount <table border="1" style="width:100%"> <tr><td>31340.33</td></tr> </table>			31340.33																							
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City Washington	State DC	Zip Code 20009-1164	Transaction ID : VN7GDA6WAY9																										
Purpose of Expenditure Direct Mail - Estimate		Category/ Type	Date of Disbursement or Obligation <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>M</td><td>M</td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table; margin:0 5px;"> <tr><td>D</td><td>D</td><td></td></tr> <tr><td></td><td></td><td></td></tr> </table> <table border="1" style="display:inline-table;"> <tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr> <tr><td></td><td></td><td></td><td></td><td></td><td></td></tr> </table>			M	M					D	D					Y	Y	Y	Y	Y	Y						
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D	D																												
Y	Y	Y	Y	Y	Y																								
Name of Federal Candidate Comstock, Barbara, J., ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 10 <input type="checkbox"/> President <input type="checkbox"/> Senate State: VA																										
Calendar Year-To-Date Per Election for Office Sought		<table border="1" style="width:100%"> <tr><td>1693838.73</td></tr> </table>	1693838.73	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶																									
1693838.73																													

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<table border="1" style="width:100%"> <tr><td>57381.99</td></tr> </table>	57381.99
57381.99		
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	<table border="1" style="width:100%"> <tr><td></td></tr> </table>	
(c) TOTAL Independent Expenditures.....▶	<table border="1" style="width:100%"> <tr><td></td></tr> </table>	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Lapp, Alexandria, , ,

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Signature

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 2 OF 9  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>House Majority PAC</b>	<b>FEC IDENTIFICATION NUMBER ▼</b> <div style="border: 1px solid black; padding: 2px; display: inline-block;"> <b>C</b> C00495028         </div>
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Gumbinner Davies &amp; Simpson Communications</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 31 / 2016</div> </div>	
Mailing Address 2001 S St NW Ste 301		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">11737.21</div>	
City Washington    State DC    Zip Code 20009-1164	<b>Transaction ID : VN7GDA6WB05</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> </div>		
Purpose of Expenditure Direct Mail - Estimate	Category/Type		
Name of Federal Candidate Comstock, Barbara, J., ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose    Office Sought: <input checked="" type="checkbox"/> House    District: 10 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: VA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Gumbinner Davies &amp; Simpson Communications</b>		Date of Public Distribution/Dissemination <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY 10 / 31 / 2016</div> </div>	
Mailing Address 2001 S St NW Ste 301		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">38480.22</div>	
City Washington    State DC    Zip Code 20009-1164	<b>Transaction ID : VN7GDA6WB13</b> Date of Disbursement or Obligation <div style="display: flex; justify-content: space-around;"> <div>MM / DD / YYYY</div> </div>		
Purpose of Expenditure Direct Mail - Estimate	Category/Type		
Name of Federal Candidate Applegate, Douglas, L., ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose    Office Sought: <input checked="" type="checkbox"/> House    District: 49 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: CA	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">50217.43</div>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Lapp, Alexandria, , ,*

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 3 OF 9  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>House Majority PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00495028	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Gumbinner Davies &amp; Simpson Communications</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 31 / 2016</b>	
Mailing Address <b>2001 S St NW</b> <b>Ste 301</b>		Amount <b>20791.44</b>	
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20009-1164</b>	Transaction ID : <b>VN7GDA6WB86</b>
Purpose of Expenditure <b>Direct Mail - Estimate</b>	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate <b>Poliquin, Bruce, L.,</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <b>02</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>ME</b>	
Calendar Year-To-Date Per Election for Office Sought <b>2027997.06</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Mack-Sumner Communications, LLC</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 31 / 2016</b>	
Mailing Address <b>2001 N Beauregard St</b> <b>Ste 420</b>		Amount <b>21129.68</b>	
City <b>Alexandria</b>	State <b>VA</b>	Zip Code <b>22311-1750</b>	Transaction ID : <b>VN7GDA6NF57</b>
Purpose of Expenditure <b>Direct Mail - Estimate</b>	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate <b>Murphy, Stephanie, ,</b>		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House District: <b>07</b> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <b>FL</b>	
Calendar Year-To-Date Per Election for Office Sought <b>1046626.07</b>		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>41921.12</b>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 4 OF 9  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>House Majority PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00495028	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Mack-Sumner Communications, LLC</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 31 / 2016</b>		
Mailing Address 2001 N Beauregard St Ste 420			Amount <b>26972.18</b>		
City Alexandria	State VA	Zip Code 22311-1750	Transaction ID : VN7GDA6NF65		
Purpose of Expenditure Direct Mail - Estimate		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Santarsiero, Steven, J., ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate		District: 08 State: PA
Calendar Year-To-Date Per Election for Office Sought		1706228.22		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Ralston Lapp Media</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 31 / 2016</b>		
Mailing Address 1054 31st St NW Ste 430			Amount <b>1584.62</b>		
City Washington	State DC	Zip Code 20007-6042	Transaction ID : VN7GDA6ZBE9		
Purpose of Expenditure Media Production Costs - Estimate		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate Trump, Donald, J., ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate		District: _____ State: _____
Calendar Year-To-Date Per Election for Office Sought		353773.58		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>28556.80</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 5 OF 9  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>House Majority PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00495028	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Ralston Lapp Media</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 31 / 2016</b>		
Mailing Address <b>1054 31st St NW</b> <b>Ste 430</b>			Amount <b>1584.63</b>		
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20007-6042</b>	Transaction ID : <b>VN7GDA6ZBG5</b>		
Purpose of Expenditure <b>Media Production Costs - Estimate</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate <b>Zeldin, Lee, M., ,</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <b>01</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>NY</b>		
Calendar Year-To-Date Per Election for Office Sought		<b>482373.63</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee <b>Ralston Lapp Media</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 31 / 2016</b>		
Mailing Address <b>1054 31st St NW</b> <b>Ste 430</b>			Amount <b>5795.07</b>		
City <b>Washington</b>	State <b>DC</b>	Zip Code <b>20007-6042</b>	Transaction ID : <b>VN7GDA6ZFJ7</b>		
Purpose of Expenditure <b>Media Production Costs - Estimate</b>		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY		
Name of Federal Candidate <b>Trump, Donald, J., ,</b>		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: _____		
Calendar Year-To-Date Per Election for Office Sought		<b>353773.58</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>7379.70</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 6 OF 9  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>House Majority PAC</b>	FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00495028
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Ralston Lapp Media</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 31 / 2016</b>	
Mailing Address 1054 31st St NW Ste 430			Amount <b>5795.08</b>	
City Washington	State DC	Zip Code 20007-6042	Transaction ID : VN7GDA6ZFM3 Date of Disbursement or Obligation MM / DD / YYYY	
Purpose of Expenditure Media Production Costs - Estimate		Category/ Type		
Name of Federal Candidate Zeldin, Lee, M., ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input type="checkbox"/> Senate	<input checked="" type="checkbox"/> House    District: <u>01</u> State: <u>NY</u>
Calendar Year-To-Date Per Election for Office Sought		<b>482373.63</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>The Baughman Company, Inc.</b>			Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 31 / 2016</b>	
Mailing Address 1592 Union St Ste 401			Amount <b>22494.53</b>	
City San Francisco	State CA	Zip Code 94123-4505	Transaction ID : VN7GDA6WB46 Date of Disbursement or Obligation MM / DD / YYYY	
Purpose of Expenditure Direct Mail - Estimate		Category/ Type		
Name of Federal Candidate Walberg, Timothy, L., ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> President <input type="checkbox"/> Senate	<input checked="" type="checkbox"/> House    District: <u>07</u> State: <u>MI</u>
Calendar Year-To-Date Per Election for Office Sought		<b>310563.43</b>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>28289.61</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**PAGE 7 OF 9  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>House Majority PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00495028	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>The Strategy Group</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 31 / 2016</b>	
Mailing Address 730 North Franklin Street Suite 404		Amount <b>23272.12</b>	
City Chicago	State IL	Zip Code 60654	Transaction ID : VN7GDA6NF81
Purpose of Expenditure Direct Mail - Estimate		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Tenney, Claudia, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>22</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NY</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>The Strategy Group</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 31 / 2016</b>	
Mailing Address 730 North Franklin Street Suite 404		Amount <b>23272.11</b>	
City Chicago	State IL	Zip Code 60654	Transaction ID : VN7GDA6NF99
Purpose of Expenditure Direct Mail - Estimate		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate Babinec, Martin, , ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: <u>22</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>NY</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<b>46544.23</b>
(b) SUBTOTAL of Unitemized Independent Expenditures .....▶	
(c) TOTAL Independent Expenditures.....▶	

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**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
(Schedule E)PAGE 8 OF 9  
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>House Majority PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00495028	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>The Strategy Group</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 31 / 2016</b>	
Mailing Address 730 North Franklin Street Suite 404		Amount <b>20372.79</b>	
City Chicago	State IL	Zip Code 60654	Transaction ID : VN7GDA6ZFP9
Purpose of Expenditure Direct Mail - Estimate	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Bergman, John, ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: <b>01</b> <input type="checkbox"/> President <input type="checkbox"/> Senate    State: <b>MI</b>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee <b>Waterfront Strategies</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 31 / 2016</b>	
Mailing Address 3050 K St NW Ste 100		Amount <b>6824.37</b>	
City Washington	State DC	Zip Code 20007-5108	Transaction ID : VN7GDA6ZC27
Purpose of Expenditure Television Advertising	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Trump, Donald, J., ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate    State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<b>27197.16</b>
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Lapp, Alexandria, , ,

[Electronically Filed]

Date

MM / DD / YYYY  
**11 / 01 / 2016**

Signature



**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

 PAGE 9 OF 9  
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>House Majority PAC</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00495028	
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <b>Waterfront Strategies</b>		Date of Public Distribution/Dissemination MM / DD / YYYY <b>10 / 31 / 2016</b>	
Mailing Address 3050 K St NW Ste 100		Amount 6824.38	
City Washington	State DC	Zip Code 20007-5108	Transaction ID : VN7GDA6ZC35
Purpose of Expenditure Television Advertising	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY	
Name of Federal Candidate Zeldin, Lee, M., ,		<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House    District: 01 <input type="checkbox"/> President <input type="checkbox"/> Senate    State: NY
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/ Type		
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House    District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate    State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	6824.38
(b) SUBTOTAL of Unitemized Independent Expenditures ..... ▶	
(c) TOTAL Independent Expenditures..... ▶	294312.42

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Lapp, Alixandria, , ,

[Electronically Filed]

Date

MM / DD / YYYY  
11 / 01 / 2016

Signature